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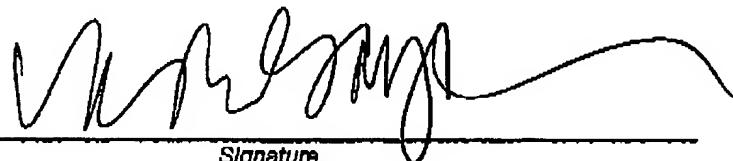
NO. 955

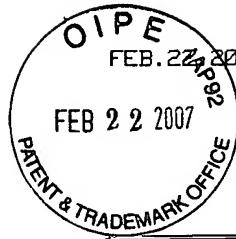
P.1/6

FEB 22 2007

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I hereby certify that the following documents are being facsimile transmitted to the Patent and Trademark Office, facsimile number 571-273-2885, on 2/22/2007 for the patent application identified below:

MAIL STOP: **Issue Fee**EXAMINER: **Nell N. TURK**ART UNIT: **1743**APPLICANT(S): **Wesley B. DONG**APPLICATION NO.: **10/606,203**FILING DATE: **6/25/2003**ATTORNEY DOCKET NO.: **100/16101**TOTAL PAGES (incl. Certificate): **6**DOCUMENT(S): **Transmittal; Issue Fee Transmittal;
Amendment Under 37 CFR 1.312****Signature****Will Sayo****Typed or printed name of person signing Certificate****650-623-0324****Telephone**



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NO. 955 P. 2/6

Form CLS-IP21 (Rev0906)
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TRANSMITTAL FORM

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MAIL STOP Issue Fee

APPLICATION NUMBER	10/603,203
FILING DATE	8/25/2003
APPLICANT(S)	Wesley B. DONG
ART UNIT	1743
EXAMINER	Nell N. TURK
ATTORNEY DOCKET NUMBER	100/16101

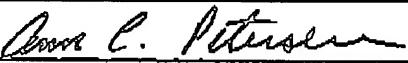
ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal	<input type="checkbox"/> PTO-1595 Recordation Form Cover	<input type="checkbox"/> Terminal Disclaimer
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Assignment (sheet(s))	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Preliminary	<input type="checkbox"/> Merger/Name Change Certificate	<input type="checkbox"/> Appeal Brief
<input type="checkbox"/> Election/Restriction Requirement	<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Reply Brief
<input checked="" type="checkbox"/> After Allowance (37 CFR 1.312)	<input type="checkbox"/> Statement Under 37 CFR 3.73(b)	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Missing Parts/Incomplete Application	<input type="checkbox"/> Change of Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Petition	<input type="checkbox"/> Other enclosure(s) identified below:
<input type="checkbox"/> Extension of Time Request (month(s))	<input type="checkbox"/> Revive Application	
<input type="checkbox"/> Information Disclosure Statement & Form(s) PTO-SB08	<input type="checkbox"/> Withdraw	
<input type="checkbox"/> Drawings (sheet(s))	<input type="checkbox"/> Request	
<input type="checkbox"/> Declaration (sheet(s))	<input type="checkbox"/> Correction	
<input type="checkbox"/> Application Data Sheet (updated)	<input type="checkbox"/> Refund	

REMARKS

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

FIRM NAME	CALIPER LIFE SCIENCES, INC.		
SIGNATURE			
PRINTED NAME	Ann C. Petersen		
DATE	2/22/2007	REG. NO.	55,536

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I hereby certify that this correspondence is being:

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SIGNATURE			
PRINTED NAME	Will Sayo	DATE	2/22/2007